## JC14 Rec'd PCT/PTO 0 9 MAY 2005

## INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

To Commissioner For Patents
Enclosed herewith is a Form PTO-1449, any required copies of documents listed thereon, and any concise explanation of their relevance is indicated below per 37 CFR 1.97.

Application Number	10/534316
Filing Date	19/934310
First Named Inventor	WILLEMS
Group Art Unit	
Examiner Name	
Attorney Docket Number	BE 020033

		* <del></del>					
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Name (Prin	nt Type)	Edward W. Goodman	Registration N	lo. (Attorney/Agent)	28,613		
Signature		The week Same	Date	4/8/200			
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Substitute for form 1449/PTO			Complete if Known				
		Application Number	40/52/21				
INFORMATION DISCLOSURE		Filing Date	<b>3969334</b>				
			First Named Inventor	WILLEMS			
STATEMENT BY APPLICANT (Use as many sheets as necessary)		Art Unit					
		Examiner Name					
heet 1	of	1	Attorney Docket Number	BE 020033			

Examiner	Cite	Document Number	Publication Date	T DOCUMENTS  Name of Patentee or	1 0 0.1 1/- 1/0
Initials*	Cite No. <sup>1</sup>	Number-Kind Code <sup>2 (V known)</sup>	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
		<sup>US-</sup> 6,111,960	08-29-2000	Aarts et al.	
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		FORE	<b>IGN PATENT DOCU</b>	MENTS		
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Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

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